CAMI	PAIGN CONTRIBUTIONS AND	EXPENSES	REPORT	State of Nevada				
Name (pr	EA-TIP int 75 Slate Road We	(if applicable)	NV 39444	District (if applicable) 7.75 - 266 - 74.49				
Mailing A	ddress (include city and zip code)	<u> </u>	VV. D 1111	Telephone No.				
E-Mail Ad			· .					
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL FILING								
	Annual Filing - Due January 15, 29 Period: January 1, 2003 - December 31, 2003	004						
,	reliod. January 1, 2003 - December 31, 2003			EII E				
M	Report #1 — Due August 31, 2004			FILE				
	its in an Office with a 4-year term Period: Jan. 5	AUG 3 0 2004						
All others	Period: Jan. 1	20, 1998 — Aug 26 , 2004 – Aug. 26, 2	004	AUU 3 G COUT				
Dallot Au		5, 2002 – Aug 26, 2	:004	DEAN HELLER				
Ц	Report #2 Due — October 26, 2004 Period: Aug. 2	27, 2004 — Oct. 21	, 2004	SECRETARY OF STATES				
	Report #3 Due January 15, 2005*							
BAGs on		2, 2004 — Dec. 31 2, 2004 - Dec. 5, 2						
\Box	Annual Filing – Due January 15, 2005	·						
LJ	Period: January 1, 2004 - December 31, 20	004						
* Third	Report suffices for 2005 Annual Filing if ca	indidate also fil	ed Report Nos.	1 and 2				
				Cumulative				
	CONTRIBUTIONS SUMMARY			From Beginning of Report Period				
		•		This Period #1 through End of This				
		•		Reporting Period				
1.	Total Monetary Contributions Received in Excess	of \$100		1, 149.00 1, 149.00				
2.	Total Monetary Contributions Received of \$100 o	-00-						
		This Period	Cumulative From					
			Beginning of Report Period #1					
			Through End of This Reporting					
3.	Total Amount of Monetary Contributions		Period					
	Received			1,149.00 1,149.00				
4.	(Add Lines 1 and 2) Total Value of In Kind Contributions Received in							
	Excess of \$100			-				
	EXF	PENSES SUM	MARY					
5.	Total Monetary Expenses Paid in Excess of \$100			$\frac{2,000.00}{2,000.00} \frac{2,000.00}{2,000.00}$				
6.	Total Monetary Expenses Paid of \$100 or Less			-0-0-				
7.	Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)			2 040 00 7 000.00				
8.	Total Value of In Kind Expenses in Excess	D	10	2,000.				
	of \$100							
AFFIRMATION								
l Declare	Under Penalty of Perjury That the Foregoing	is True and Cor	rect.					
				<u>.</u>				
_ } t	enfarge			8-30-04				
Signature				Date				
EL201.doc	Revised: Jan	1-04	PA	GEOF				

eport	Period	#

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
NSEA-TIP 1890 Payald Street Reno NV 89502	Jan. 04-kg 04	1,149.00	NA

This page may be copied or duplicated if additional space is needed.

LCEA-TIP

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Cothy Lec Janes P.D. Box 1104 Virginia Can NU 89440	J	4/23/04	\$ 1,000.00
P.D. Box 1104 Virginia City NU 89440 Randy Green 1308 Jobes Perk Gardnerstk NV 89460	J	\$13/04	\$1,000.00